

CA - PMM

Project Name: California Immunization Registry (CAIR)
OCIO Project #:
Department: California Department of Public Health (CDPH)
Revision Date: 9/13/10

Concept Statement

Description

Brief description of the proposed project:

Funding Source: 100% Federal
Planned Project Start Date: January 2012
Planned Project End Date: July 2013
Is BCP Needed: Yes (FY 11/12)
CDPH 2008-2010 Strategic Plan: 1 and 3
CA IT Strategic Plan: 1, 2, and 6
AIMS: (1.2,1.6,1.3)
Project Description: CDPH will consolidate regional immunization data from separate systems in order to provide accurate immunization information and notifications that will reduce duplicated immunizations. The system will ensure users have rapid access to complete and up-to-date immunization records, as well as expert vaccine forecasting.

Need Statement

High Level Capabilities Needed:

The system will provide access to immunization records on individuals across regional registries and allow the export of data for analysis.
The system will meet the requirements for accessibility for disabled persons as stipulated in the IT Policy Letter (ITPL) 10-10; State Management Manual (SAM) Sections 4819.2 and 4833; and State Administrative Manual (SAM) Sections 20, 25, 30.

What is Driving This Need?

The federal Comprehensive Child Immunization Act of 1993 provided for a collaborative Federal and State effort to track the immunization status of the Nation's children. It authorized the Secretary to make grants to States to establish and operate State immunization registries containing specific information for each child in the State. Access to aggregated immunization data will enable identification of children who need vaccinations and will help parents and providers ensure that children are appropriately immunized.

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Risk to the Organization if This Work is Not Done:

The following risks may continue to occur:

1. Immunization records are incomplete for California's mobile populations, and health care providers end up giving too few or too many vaccines.
2. Epidemiologists at CDPH are unable to gather comprehensive and timely immunization information for analysis and assessment.
3. California is unable to meet the Comprehensive Child Immunization Act of 1993 goal of developing a nationwide network of immunization tracking systems.
4. Health care plans, including those participating in Medi-Cal Managed Care, are unable to obtain immunization data for standard performance measures, such as the Healthcare Effectiveness Data and Information Set (HEDIS).

Benefit Statement

Intangible Benefits

Process Improvements (describe the nature of the process improvement):

Implementing a comprehensive system for California's authorized immunization registry users (including public and private health care providers and public health departments) will allow access to aggregated, statewide, and current immunization data.

Other Intangible Benefits:

Access to aggregated data will improve the ability of the affiliated institutions to analyze data. Response to public health emergency preparedness can therefore be enhanced.

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Tangible Benefits

Revenue Generation (describe how revenue will be generated):

N/A

Cost Savings (describe how cost will be reduced):

Public Health cost savings for vaccine preventable disease because children would not be over-, or under-, immunized. Cost reductions such as reduced overtime, reduced headcount, less data storage costs, less equipment costs.

Cost Avoidance (describe the cost and how avoided):

There is an increased cost to health plans from redundant immunizations, including Medi-Cal and Healthy Families for reimbursement (double charging). For example, the cost of over-immunizations of children insured by Medi-Cal and other State safety net programs has been estimated to be \$1,114,000 annually. As more recently introduced vaccines are much more expensive, this cost may be significantly higher. Additional savings from children receiving needed immunizations range from \$24 in direct medical costs for every dollar spent on DTaP to \$2 in direct medical costs for the Hib (Haemophilus influenzae type b) vaccine.

Risk Avoidance (describe the risk and how avoided):

N/A

Improved Services:

The registry captures and consolidates all of a child's immunization information, providing a complete record for: private and public medical providers, families, and child health and welfare agencies.

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Consistency

"No" Responses 		Rationale	Action Required
Enterprise Architecture	Yes		
Business Plan	Yes		
Strategic Plan	Yes		

Impact to Other Agencies

Nature of Impact to Other Agencies

Agency: Parents
<i>Describe the nature of the impact:</i>
<ul style="list-style-type: none">• Provide an accurate, official copy of a child's immunization history for personal, day care, school, or camp entry requirements.• Help ensure that a child's immunizations are up to date.• Provide reminders when an immunization is due.• Provide reminder calls (recalls) when an immunization has been missed.

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Agency: Providers, Plans and Purchasers

Describe the nature of the impact:

- Consolidate immunizations from all providers into one record for each child.
- Provide a reliable immunization history for any child, whether a new or continuing patient.
- Provide definitive information on immunizations due or overdue.
- Provide current recommendations and information on new vaccines.
- Produce reminders and recalls for immunizations due or overdue.
- Complete required school, camp, and day care immunization records.
- Reduction of paperwork.
- Facilitate introduction of new vaccines or changes in the vaccine schedule.
- Help manage vaccine inventories.
- Generate coverage reports for managed care (e.g., Healthcare Effectiveness Data and Information Set [HEDIS®]) and other organizations.
- Reinforce the concept

Agency: Communities

Describe the nature of the impact:

- Help control vaccine-preventable diseases.
- Help identify high-risk populations and under-immunized populations.
- Help prevent disease outbreaks.
- Provide information on community and state coverage rates.
- Streamline vaccine management.

Agency: Public Health Officials

Describe the nature of the impact:

- Provide information to identify pockets of need, target interventions and resources, and evaluate programs.
- Promote reminder and recall of children who need immunizations.
- Ensure that providers follow the most up-to-date recommendations for immunization practice.
- Facilitate introduction of new vaccines or changes in the vaccine schedule.
- Integrate immunization services with other public health functions.
- Help monitor adverse events.

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Solution Alternatives

Alternative 1:

Alternative Description: Interface the regional registries to allow for statewide searching of immunization information and develop an upgraded common regional immunization registry application.

Technical Considerations for Alternative 1:

Hosting Location: Otech

ROM Cost: \$1,200,000 to \$3,600,000

Note: high end of range must not exceed 200% of low end of range

Alternative 2:

Alternative Description: An aggregated state registry will be created in the OTech environment using a commercial off-the-shelf (COTS) solution that provides the capability of collecting the immunization information from the independent Regional/County environments.

Technical Considerations for Alternative 2:

Hosting Location: Otech

ROM Cost: \$10,000,000 to \$12,000,000

Note: high end of range must not exceed 200% of low end of range

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Alternative 3:

Alternative Description:

Technical Considerations for Alternative 3:

Hosting Location:

ROM Cost: to

Note: high end of range must not exceed 200% of low end of range

Recommendation

Comparison:

Alternative 1	ROM Cost			Risk
	\$1,200,000	-	\$3,600,000	Maintaining separate systems may likely increase the need for future enhancements.
Alternative 2	ROM Cost			Risk
	\$10,000,000	-	\$12,000,000	
Alternative 3	ROM Cost			Risk
	\$0	-	\$0	

Conclusions:

1	Existing data will not need to be mapped or converted.
2	In order to support the needs of the Regional Registries, providers and public health officials, access to the system will be required on a consistent daily basis.
3	CDPH, the independent Regional Registries, and authorized SIIS users meet local, state and federal security, privacy and confidentiality requirements, law including California Health and Safety Code Section 120440.
4	

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Recommendation:

CDPH recommends implementing Alternative 1. In addition, the proposed alternative will support CDPH 2008-2010 Strategic Plan Goals, CA IT Strategic Plan Concepts and Strategies, and aligns with the CDPH AIMS.

Project Approach *(if known)*

System Complexity:				System Business Hours: <i>(e.g., 24x7, 9am-5pm)</i> :			
Architecture	<input type="checkbox"/> Mainframe	<input type="checkbox"/> Client Server	<input checked="" type="checkbox"/> Web Based		Num. of New Databases:	1	
Technology	<input checked="" type="checkbox"/> New	<input type="checkbox"/> New to Staff	<input type="checkbox"/> In-House Experience		Interfaces:	External	
Implementation	<input checked="" type="checkbox"/> Central Site	<input checked="" type="checkbox"/> Phased Roll-out		Num. of Sites:		1	
M & O Support	<input type="checkbox"/> Contractor	<input type="checkbox"/> Data Center	<input type="checkbox"/> Project	<input type="checkbox"/> In House			
Procurement Approach:						Number of Procurements:	
						3	
Open Procurement?		Delegated Procurement?					
Scope of Contract	<input checked="" type="checkbox"/> Development	<input checked="" type="checkbox"/> Implementation	<input type="checkbox"/> M & O	<input type="checkbox"/> Other:			
Anticipated Length of Contract:		2		Years /		extensions for years	